



NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF HEALTH FACILITIES

# *Dialysis Dialogue*

Spring 2003

## Twelve Steps To Prevent Antimicrobial Resistance Among Dialysis Patients

### Prevent Infection

#### Step 1: Vaccinate Staff and Patients

- Get influenza vaccine
- Give influenza and pneumococcal vaccine to patients in addition to routine vaccines (e.g. hepatitis B)



#### Step 2: Get the Catheters Out *Hemodialysis*

- Use catheters only when essential
- Maximize use of fistulas/grafts
- Remove catheters when they are no longer essential

#### *Peritoneal dialysis*

- Remove/replace infected catheters

#### Step 3: Optimize Access Care

- Follow established KDOQI and CDC guidelines for access care
- Use proper insertion and catheter-care protocols
- Remove access device when infected
- Use the correct catheter

### Diagnose and Treat Infection Effectively



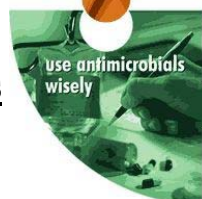
#### Step 4: Target the Pathogen

- Obtain appropriate cultures
- Target empiric therapy to likely pathogens
- Target definitive therapy to known pathogens
- Optimize timing, regimen, dose, route and duration

#### Step 5: Access the Experts

- Consult the appropriate expert for complicated infections

### Use Antimicrobials Wisely



#### Step 6. Use Local Data

- Know your local antibiogram
- Get previous microbiology results when patients transfer to your facility

Welcome to this edition of *Dialysis Dialogue*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Dialysis Dialogue* is designed to help dialysis departments stay up-to-date on various issues. Please share with your dialysis staff.

#### Inside this issue:

Twelve Steps to Prevent Antimicrobial Resistance Among Dialysis Patients	1
Texas ESRD Network Provides Resource for Dealing With Noncompliant Patient	2
Counterfeit Procrit	3
Potential Problem With Extraneal	3
HIPAA News	4

### Step 7: Know When To Say No to Vanco

- Follow CDC guidelines for vancomycin use
- Consider first generation cephalosporins instead of vancomycin

### Step 8: Treat Infection, Not Contamination or Colonization

- Use proper antisepsis for drawing blood cultures
- Get one peripheral vein blood culture, if possible
- Avoid culturing vascular catheter tips
- Treat bacteremia, not the catheter tip

### Step 9: Stop Antimicrobial Treatment

- When infection is treated
- When infection is not diagnosed

### Prevent Transmission



### Step 10: Follow Infection Control Precautions

- Use standard infection control precautions for dialysis centers
- Consult local infection control experts

### Step 11: Practice Hand Hygiene

- Wash your hands or use an alcohol-based handrub
- Set an example

### Step 12: Partner With Your Patients

- Educate about access care and infection control measures
- Re-educate regularly

Taken from the CDC's campaign to prevent antimicrobial resistance in healthcare settings. More information available at [www.cdc.gov/drugresistance/healthcare/default.htm](http://www.cdc.gov/drugresistance/healthcare/default.htm)

## Texas ESRD Network Provides Resource for Dealing With the Noncompliant Patient

Have you ever been frustrated by a patient who regularly skipped dialysis treatments or who disregarded your dietary advice? Well, help is on its way. The End Stage Renal Disease Network of Texas Inc. has developed a resource guide for dealing with noncompliant patients. "Intensive Intervention with the Noncompliant Patient: Guidance and Resources for Dialysis Facility Personnel," is now available free of charge at [www.esrdnetwork.org](http://www.esrdnetwork.org).

This 17-page guide presents a step-by-step process for intervening with the noncompliant patient. Steps for evaluating patient progress, approaching patient education and initiating intervention techniques are presented in an easy-to-read format. The guide even includes sample letters of concern you may use in communicating with your patients.

To access this resource document, go to [www.esrdnetwork.org](http://www.esrdnetwork.org) and click on the "what's new" button.



## Counterfeit Procrit

A Food and Drug Administration (FDA) investigation has uncovered contaminated counterfeit Procrit, also known as epoetin alfa. Procrit is used to stimulate the production of red blood cells in humans to treat severe anemia.

Three lots of the counterfeit Procrit have been identified and include:

P007645 - 40,000 units/mL, Expiration 10-2004

P004677 - 40,000 units/mL, Expiration 02-2004

P004839 - 40,000 units/mL, Expiration 02-2004

The possible contaminants include *Acinetobacter* and *Pseudomonas* spp. The fake product looks like a clear liquid and may contain no active ingredient. It is also likely the product was produced under nonsterile conditions. The counterfeit Procrit likely presents a serious health risk to patients.

Ortho Biotech Products, L.P., Bridgewater, N.J., manufacturers the product and urges consumers to check all packaging and vials. Additional details concerning the counterfeit product, including photos, are available on Ortho's website at <http://www.procrit.com/counterfeit/letter.html>.

Anyone finding counterfeit product should not use it, should quarantine it and should immediately contact the North Dakota Department of Health at 701.328.2352, FDA's Center for Biologics Evaluation and Research at 800.835.4709 and Ortho Biotech at 800.325.7504.



## Potential Problem With Extraneal

There may be a potential problem with a new peritoneal dialysis solution called Extraneal which has the active ingredient Icodextrin. The FDA approved Icodextrin at the end of last year and cautions patients to use a glucose-specific monitor to monitor glucose levels and to alert health care providers. Icodextrin degrades to maltose, which interacts with certain blood glucose meters. It may cause blood glucose meters to give false high readings. These glucose meters use the GDH PQQ method. Accu-chek is one of them which uses this method.

The following information is from the FDA Consumer Drug Information Sheet.

Extraneal®

Brand Name: Extraneal®

Active Ingredient: Icodextrin 7.5%

Strength(s): 1.5 L, 2.0 L and 2.5 L

Dosage Form(s): Peritoneal dialysis solution

Company Name: Baxter International Inc.

Availability: Prescription only

\*Date Approved by FDA: December 20, 2002

\*Approval by FDA does not mean that the drug is available for consumers at this time.

### What is Extraneal used for?

Extraneal is a sterile peritoneal dialysis solution used for chronic kidney failure. It draws fluid and wastes from your bloodstream into your peritoneal cavity (the space inside your abdomen). The fluids and wastes are removed from your body when the Extraneal solution is drained. You should use Extraneal only for the long dwell exchange (8-16 hours) in peritoneal dialysis and not more than one exchange in 24 hours.

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## Potential Problem With Extraneal (Continued)

*Who should not be treated with Extraneal?*

Do not use Extraneal if you:

- Have a glycogen storage disease.
- Are allergic to Extraneal or to any of the ingredients in Extraneal.

Extraneal contains icodextrin, which is made from cornstarch.

*Special warnings with Extraneal:*

If you monitor your blood glucose, you must use a glucose-specific monitor and test strips. If your glucose monitor or test strips use a glucose dehydrogenase pyrroloquinolinequinone (GDH PQQ) method, using Extraneal may cause a falsely high glucose reading. A false high blood glucose reading could cause you to give more insulin than you need which can lower your blood sugar unnecessarily and can cause a serious reaction including loss of consciousness. You or your health care provider should contact the manufacturer(s) of the monitor and test strips you use to make sure that Extraneal, icodextrin or maltose will not interfere with the test results.

*What should I tell my healthcare provider?*

Tell your healthcare provider if you (1) have a condition that restricts normal nutrition (you do not eat well), (2) have a lung or breathing problem, (3) have low potassium levels in your blood, (4) have high calcium levels in your blood, (5) are trying to become pregnant, are already pregnant or are breast-feeding, or (6) use cardiac glycosides, such as digoxin. Your healthcare provider may need to monitor your blood levels of calcium, potassium and magnesium. Tell your healthcare provider if you have had abdominal surgery in the past 30 days: tumors, open wounds, hernia.

*What are some possible side effects of Extraneal?*

Rash is the most common side effect of Extraneal. It usually appears during the first three weeks of treatment and goes away when treatment stops. This side effect is more common in women. Other side effects of Extraneal are peritonitis, high blood pressure, cold, headache, abdominal pain, cough, nausea, swelling, chest pain, upset stomach and high blood sugar.

## HIPAA News

HIPAA is an acronym for the Health Insurance Portability and Accountability Act, signed into law in 1996. The intent of HIPAA is to improve the portability and continuity of health insurance coverage; to combat waste, fraud and abuse in health-care insurance; and to simplify the administration of health services. Title II of HIPAA includes Administrative Simplification, which requires improved efficiency in healthcare delivery by standardizing electronic data interchange and requires the privacy and security of health data. All health plans, healthcare clearinghouses and health care providers who transmit health information in an electronic format are considered covered entities and must comply with HIPAA.

More information is available at [www.discovernd.com/hipaa](http://www.discovernd.com/hipaa).

Our office frequently is asked about a facility's responsibilities regarding HIPAA when it comes to survey activities.

Section 164.512, uses and disclosures for which an authorization or opportunity to agree or object is not required, states:

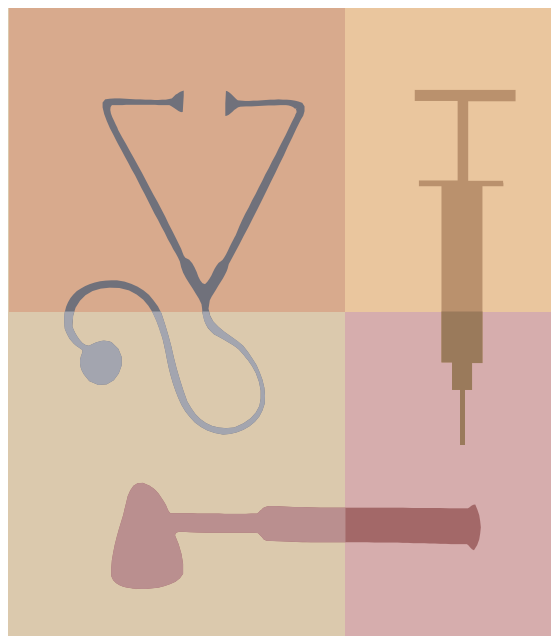
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## HIPAA News (Continued)

(d) *Standard: Uses and disclosures for health oversight activities.*

(1) *Permitted disclosures.* A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- (i) The health care system;
- (ii) Government benefit programs for which health information is relevant to beneficiary eligibility;
- (iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- (iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.



We're on the web at  
[www.health.state.nd.us](http://www.health.state.nd.us)

If your facility would like to receive *Dialysis Dialogue* electronically, please send the e-mail address to [bweidner@state.nd.us](mailto:bweidner@state.nd.us)



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